

DATE: 3/27/2023

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00141454

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETN, LA. 70054-0009
504-364-2678

VENDOR: VISIONAIRE CONSTRUCTION, LLC

BUYER: DREAMEY

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

5days after PO issuance

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

0 days-Immediately upon receipt of materials

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

3-5 days

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.


Acknowledge Receipt of Addenda: NUMBER: NO ADDENDA

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 74904

| | |
|---|---------------------------------|
| *** ALL BIDDERS MUST COMPLETE SECTION BELOW *** | |
| FIRM NAME: VISIONAIRE CONSTRUCTION, LLC | |
| SIGNATURE: (Must be signed here)  | TITLE: OWNER/MANAGING MEMBER |
| PRINT OR TYPE NAME: GABRIEL MANSON | |
| ADDRESS: 3413 44TH STREET | |
| CITY, STATE: METAIRIE, LA | ZIP: 70001 |
| TELEPHONE: (504).333.1506 | FAX: () |
| EMAIL ADDRESS: INFO@VISIONAIRECONSTRUCTION.COM | |

TOTAL PRICE OF ALL BID ITEMS: \$ 48,750.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00141454

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|----------------|----------|-----|---|----------------------|--------------|
| 1 | 1.00 | JOB | <p>LABOR, MATERIALS & EQUIPMENT NECESSARY TO SUPPLY & INSTALL TWO NEW LIFT MASTER DUAL-KIT SWING GATE OPERATORS AT 128 WRIGHT AVE. TERRYTOWN LA. 70056 FOR GENERAL SERVICES.</p> <p>0010 - PROVIDE ALL LABOR, MATERIALS, EQUIPMENT, TRANSPORTATION, AND ALL OTHER INCIDENTALS NECESSARY TO SUPPLY AND INSTALL TWO (2) NEW LIFT MASTER DUAL-KIT SWING GATE OPERATORS AT THE JEFFERSON PARISH FACILITY LOCATED AT 128 WRIGHT AVENUE, TERRYTOWN, LA 70056:</p> <p>2 - LIFTMASTER DUAL KIT SWING GATE OPERATOR 1 - 75" PEDESTAL FOR CALL BOX 4 - RENO LOOP DETECTORS WITH HATNESS 1 - AEROMAX 200 OUTSIDE WIRELESS CALL BOX WITH KEYPAD 4 - SAW CUT LOOPS 3 FOR SAFETY AND 1 FOR AUTOMATIC EXIST 1 - SAW CUT ACROSS DRIVE AND RUN LOW VOLTAGE WIRE TO CALL BOX FOR POWER 2 - LIFTMASTER PHOTOEYES 4 - SETS 6" BARREL HINGES</p> <p>NEEDED TO INSTALL AUTOMATIC GATE OPENERS AT 128 WRIGHT AVENUE, GRETN, LA 70053.</p> <p>CONTACT: J.P. GENERAL SERVICES ATTN: TIM HOSKINS (504)364-3470</p> | \$48,750.00 | \$ 48,750.00 |

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
VISIONAIRE CONSTRUCTION, LLC
INCORPORATED.

AT THE MEETING OF DIRECTORS OF VISIONAIRE CONSTRUCTION, LLC
INCORPORATED, DULY NOTICED AND HELD ON 04/03/2023,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT GABRIEL MANSON, BE AND IS HEREBY
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,
CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-
FACT.

I HEREBY CERTIFY THE FOREGOING TO BE
A TRUE AND CORRECT COPY OF AN
EXCERPT OF THE MINUTES OF THE ABOVE
DATED MEETING OF THE BOARD OF
DIRECTORS OF SAID CORPORATION, AND
THE SAME HAS NOT BEEN REVOKED OR
RESCINDED.



SECRETARY-TREASURER

04/03/2023

DATE



State Licensing Board for Contractors

This is to Certify that:

VISIONAIRE CONSTRUCTION LLC
4924 Trenton St
Metairie, LA 70006

is duly licensed and entitled to practice the following classifications

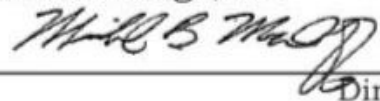
BUILDING CONSTRUCTION

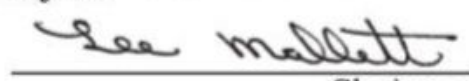



Expiration Date: September 13, 2023

License No: 74904

Witness our hand and seal of the Board dated,
Baton Rouge, LA 13th day of September 2022


Director


Chairman


Treasurer

This License Is Not Transferrable



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/28/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | | | |
|----------|---|-------------------------------|------------------------------|--------------------------------|--|
| PRODUCER | Simply Business 1 Beacon Street 15th Floor Boston, MA 02108 | CONTACT NAME: | Simply Business | | |
| | | PHONE (A/C, No, Ext): | (844) 654-7272 | FAX (A/C, No): | |
| | | E-MAIL ADDRESS: | contactus@simplybusiness.com | | |
| | | INSURER(S) AFFORDING COVERAGE | | NAIC # | |
| | | INSURER A : | | Markel Insurance Company 38970 | |
| INSURED | Visionaire Construction, LLC 3413 44th St Metairie, Louisiana 70001 | INSURER B : | | | |
| | | INSURER C : | | | |
| | | INSURER D : | | | |
| | | INSURER E : | | | |
| | | INSURER F : | | | |

| | | |
|-----------|---------------------|------------------|
| COVERAGES | CERTIFICATE NUMBER: | REVISION NUMBER: |
|-----------|---------------------|------------------|

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|---|-----------|----------|---------------|-------------------------|-------------------------|---|-------------|
| A | X | COMMERCIAL GENERAL LIABILITY | X | | MKUS3892226XB | 02/28/2023 | 02/28/2024 | EACH OCCURRENCE | \$1,000,000 |
| | | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$100,000 |
| | | | | | | | | MED EXP (Any one person) | \$5,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | | | | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | |
| | X | POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| | | OTHER: | | | | | | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | |
| | | ANY AUTO | | | | | | BODILY INJURY (Per person) | |
| | | OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | |
| | | HIRED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | |
| | | SCHEDULED AUTOS | | | | | | | |
| | | NON-OWNED AUTOS ONLY | | | | | | | |
| | UMBRELLA LIAB | | | | | | | EACH OCCURRENCE | |
| | | OCCUR | | | | | | AGGREGATE | |
| | EXCESS LIAB | | | | | | | | |
| | | CLAIMS-MADE | | | | | | | |
| | DED | RETENTION | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | PER STATUTE | OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | | Y / N | | | | | E.L. EACH ACCIDENT | |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | N / A | | | | E.L. DISEASE - EA EMPLOYEE | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | |
| | PROFESSIONAL LIABILITY | | | | | | | EACH CLAIM | |
| | | | | | | | | AGGREGATE | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/27/22

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| PRODUCER AMERICA'S COMMERCIAL AGENCY 5412 W Plano Parkway Ste 100 Plano, TX 75093 | CONTACT NAME: PHONE (A/C, No, Ext): (972)248-6064 FAX (A/C, No): 9724211776 E-MAIL ADDRESS: acaagency@sbcglobal.net |
| INSURED VISIONAIRE CONSTRUCTION LLC 3413 44TH STREET METAIRIE, LA 70001 | INSURER(S) AFFORDING COVERAGE INSURER A : MARKEL INSURANCE INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|-------------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input checked="" type="checkbox"/> N N / A | | | WC042722-1 | 042722 | 042723 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

LOUISIANA STATE LICENSING BOARD FOR
CONTRACTORS
600 NORTH STREET
BATON ROUGE LA 70802

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**Insurance Declaration Affidavit
Automotive**

AFFIDAVIT

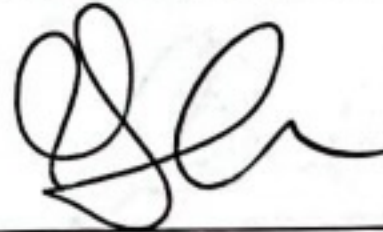
STATE OF LOUISIANA

PARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared,
GABRIEL MANSON, (Affiant) who after being duly sworn, deposed and said that he/she
is the fully authorized OWNER/MANAGING MEMBER of VISIONAIRE CONSTRUCTION, LLC (Entity), the
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 50-00141454, to Jefferson Parish.

Affiant further said:

- (1) That entity does not own automobiles or use automobiles in the furtherance of the services provided under the contract.
- (2) That if the entity obtains automobiles or begins to use automobiles in the furtherance of the services provided under the contract, affiant will notify Jefferson Parish and obtain the proper coverage.



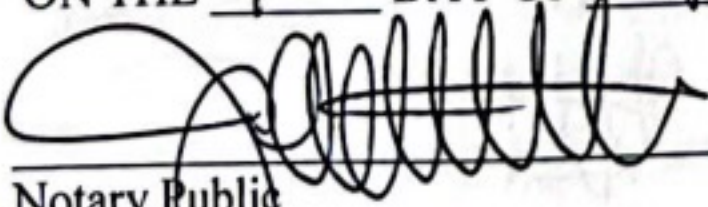
Signature of Affiant

GABRIEL MANSON

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 15th DAY OF April, 2023.



Notary Public

JABRIEL ALSHEHABI | No. 170827

Printed Name of Notary

170827

Notary/Bar Roll Number

My commission expires @ Death



Updated: 05.28.14